New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts

March-April 1987

New building will carry New England Deaconess into the 21st century

Action by the hospital Board of Trustees at their January meeting has cleared the way for the Deaconess to begin a process leading to the construction of a new hospital building, which will replace some outmoded beds and alleviate the critical shortage of space for patient care, support services, and administrative functions.

The trustees' vote authorizes the hospital to file a Determination of Need to construct a five-story patient care facility along Deaconess Road facing Joslin Park. The new building — to stand on the site of Harris Hall, the doctor's parking lot, and the Brookline Avenue retail stores — will contain 108 medical/surgical beds, a 24-bed intensive care unit, a modern surgical suite and Radiology Department, and a new lobby and Admitting area.

The concept of the new building grew out of a study of the hospital's facilities and future needs, begun almost five years ago by the consulting firm Marvin Bostin, Inc. A master facilities plan, completed in early 1986, concluded that the hospital's outmoded physical plant was a major obstacle to its future growth and proposed the construction of a new patient care building.

After accepting the master facilities plan, the trustees asked for a financial feasibility study to determine the scope of the project based on how much money the hospital could realistically afford to spend. The study, presented to the board in December, determined that a project with a total cost of $99.2 million was feasible. Funds for the new building will come from three sources: $45 million from hospital resources, $40 million from borrowed funds, and $15 million from a capital fundraising campaign.

Roger A. Perry Jr., senior vice president for Development, explains that the hospital's ability to generate funds from operations is critical to the success of the building program. "We conducted a major study to determine the fundraising potential of our constituents — trustees and corporators, patients, staff and employees, corporations and foundations — which determined that, with a concerted effort, we could raise $15 million from donations. That $15 million will be essential; but it's also imperative that the hospital build a cash reserve for the project. We have to save money, just like someone who buys a house saves for the down payment."

"This project is a dream shared by the entire medical staff and management."
— Laurens MacLure, president

This drawing shows a proposal for the new hospital facility to be built on the site of Harris Hall (left). There are connections to the Farr building at each level of the five-story structure. Pilgrim Road is closed off at the hospital entrance, and the closed portion converted to a park.

The new facility will replace a portion of the beds in the Palmer, Baker, and Deaconess Buildings. Space vacated by departments moving to the new area will be renovated to house new or expanded diagnostic and treatment facilities, including a comprehensive cardiovascular institute to be housed on Farr 2.

As part of this project, which is anticipated to take about five years, Kennedy Hall will be remodeled to house the hospital's ambulatory services and clinics. Administrative offices will be relocated from the Lowry Medical Office Building (LMOB) to the main hospital complex, freeing up LMOB for additional physician offices. The Deaconess Medicine and Deaconess Surgical Associates group offices also may move from LMOB to the hospital.

"We've been working on this for a long time," says Laurens MacLure, hospital president, "and there are those who call the project 'MacLure's dream.' But in reality it's a dream shared by the entire medical staff and management of the hospital."

Projected schedule for new building program

January 27, 1987	Board of Trustees grant approval of project
February-August 1987	Prepare Determination of Need (DoN) application
September 1, 1987	File DoN application with Public Health Council
August 1988	DoN approval granted
September 1988	Phased renovation of Kennedy Hall begins
May 1990	Harris Hall demolition
June 1990	Begin new construction
December 1992	Begin renovation projects in existing buildings
December 1993	Full project completed

Medical Records improves services to staff, public

Information is vital to decisions made daily throughout the hospital. Many patient care activities — examinations and medical histories, lab tests and diagnostic procedures — are aimed at getting the most complete information about a patient's condition. Compiling this information and ensuring its completeness and availability is the essential work of the Medical Records Department.

Accurate, accessible medical records provide important information in a variety of ways. They are needed for the care of patients who return to the hospital months or years after a previous admission. In addition, patients may request copies of their records for their primary physician or for legal or insurance purposes. And information compiled from medical records can help the hospital analyze its case mix — the types of illnesses it treats — and plan for future services.

When patient charts arrive in Medical Records they are first reviewed for completeness. "Each inpatient chart must include a discharge summary outlining the patient's hospitalization and an operative report if the patient had surgery," says Olga Marcial, manager of analysis. "Either the attending physician or a resident may dictate the reports, but they must be signed by the attending physician. Similar information is required for outpatients. Our analysts note which reports are missing and send the charts on to be coded."

"Our goal is to be an information resource for physicians, patients, and others needing access to records."
— Louise Thompson, director of Medical Records

Coding involves entering all pertinent disease and operative codes — based on an international classification system — into a computer program that calculates the Diagnosis Related Group (DRG) for Medicare patients and determines the billing for all payors. Although patients are assigned to only one DRG, as many as 15 codes can be entered, and proper coding is essential to calculating the correct reimbursement.

When coding is completed, charts are filed in a holding area until any missing information is supplied. Every week, lists of outstanding reports are compiled and sent to the departments of Medicine and Surgery.

To help physicians keep better track of their patient records, Medical Records plans to install a computer system, which will generate lists of incomplete charts. The current lists prepared for the departments are done by hand — a time-consuming process. The new system would print out lists of incomplete charts — including patient name, record number, and date of discharge — that could be sent to each attending physician.

"The computer lists will be an important management tool for physicians, who are required by the Joint Commission on Accreditation of Hospitals (JCAH) to complete their patients' records within 30 days of discharge," says Louise Thompson, director of Medical Records. "They will see clearly which of their records are incomplete and when they are due."

Maureen Vincent, coder-abstractor, reviews patient records and enters data into a computer program, which calculates the hospital's reimbursement. Coding also provides information used to study the patterns of illness treated in the hospital.

Physicians may dictate discharge summaries and operative reports at dictation stations located in Medical Records and the patient units or over the telephone from their offices. Dictation tapes are sent to an outside transcribing firm, which prepares the typed reports.

"Doctors can call down directly from the operating room or the floors," Marcial says. "If they dictate the reports when their patients are discharged, they'll only have to stop in to sign them, making it easier for themselves and us."

During 1986 a serious backlog of outstanding charts developed — more than 10 times the number allowed by JCAH standards. A major effort by Medical Records, attending physicians, and residents has reduced significantly the number of outstanding charts, although continued reductions are required to assure full JCAH compliance.

"We've really come a long way in seven months," Marcial says, "from as many as 6,100 outstanding charts to only about 1,200. Our employees have put in a lot of hours, sometimes working seven days a week, and the attending physicians have been very supportive of our efforts."

To make it easier for physicians to complete patient charts, Medical Records has changed its system for filing incomplete records. All incomplete charts are filed together by the patient record number, and lists of each physician's outstanding files are kept in three-ring binders. The doctors can look up their records in the binders and find the files themselves. If physicians call ahead, the Medical Records staff will pull the charts before they come in.

Requests for information from records may come from patients, other hospitals or physicians, attorneys, or insurance companies. Records — which may be hundreds of pages long — used to be photocopied by hand, but the department recently contracted with an outside copying service.

"The company we chose is bonded to maintain the confidentiality of patient records, which is one of our top priorities," says Dennis Bowman, manager of correspondence. "We screen charts for sensitive information and make sure that only people with the proper authority receive copies.

"We also are very aware that we represent the Deaconess to patients and others who call or write for records. All of our people strive to handle requests in a courteous and professional manner, maintaining a positive image of the hospital," he says.

Requests for records have increased in recent years as Blue Cross/Blue Shield and other insurance companies expand their monitoring of health care services. In addition, since the Medicare prospective payment system went into effect, Medicare patient records are audited by a peer review organization (PRO), which verifies the appropriateness and quality of hospital care.

However, when Medicare prospective payment was instituted in October 1985, Massachusetts did not have a PRO. No Medicare records could be reviewed until the PRO was selected and began operations in August of 1986. Bowman says, "After the new PRO was set up, they had to come in and review a huge backlog. We pulled as many as 500 records at a time for the PRO representatives. Our people had helped the analysis group handle their outstanding chart backlog, and in turn they have helped us prepare for the PRO audits. It's now getting down to a manageable level of about 60 to 75 records per month."

The new systems installed by Medical Records are a start in making the department operate more smoothly. "We need to continue improving our service to the hospital and the public," Thompson says. "Our goal is to be an information resource for physicians, patients, and others needing access to records. We as managers want our employees to feel good about working here; they are performing a vital job for the hospital."

Maintenance employee is full of new ideas

Alan Taylor, a painter in the Engineering and Maintenance Department, has taken full advantage of the Deaconess new ideas program. During the seven months since the program soliciting employees' ideas began, he has submitted more than 20 suggestions to the new ideas committee.

Several of Taylor's ideas have been implemented — including changing the first floor buttons in the Farr elevators from "1" to "L" (to indicate more clearly the lobby level), installing wheelchair access ramps to Joslin Park and a stop sign at the corner of Joslin Place and Pilgrim Road, and marking the pedestrian crosswalks from Joslin Park across Pilgrim Road.

For the quality and variety of his new ideas, Alan Taylor, painter (left), receives a bonus check from Richard Lee, executive vice president.

"A lot of Alan's suggestions relate to improving guest relations — making things easier for our patients and visitors — which is something we're emphasizing throughout the hospital," says David Lilley, senior vice president for Operations and a member of the new ideas committee.

In recognition of the unusual number and quality of Taylor's suggestions, Richard Lee, executive vice president and committee member, presented him with a special bonus check. "The thing that struck us about Alan's suggestions," says Lee, "is that he didn't just identify a problem but offered practical solutions. His suggestions were brief and clear — we never had to call him back for clarification."

Taylor, who has worked at the Deaconess for nine years, says, "I've had some of these ideas almost as long as I've been here, but there was no way to suggest them before. The beauty of being in Maintenance is that I go through the entire hospital and see all sorts of things. I've seen many people confused about whether the lobby was on the 'first' floor in the elevator. I try to think of better ways that things can be done."

Although not all of Taylor's ideas were implemented, some are still under consideration. Several involving exterior signage will be reviewed by the renovations committee and the architect designing the new hospital facility.

The new ideas program is open to any hospital employee. Proposals must be submitted on the appropriate forms, available from department heads. The new ideas committee — comprised of Margaret Lahey, staff assistant to the executive vice president, and Judith Miller, R.N., senior vice president for Nursing, in addition to Lee and Lilley — reviews each idea, discusses it with any affected department, and responds to the employee submitting the idea as soon as possible.

Lee says, "Anyone can have a good idea. We want to increase the visibility of the program because we want more ideas."

Attitude survey yields valuable results

"There are a lot of positive feelings out there. But we also know that we have work to do in some categories."
— Dean Manheimer, vice president for Human Resources.

Last fall, more than 60 percent of all Deaconess employees took part in an employee attitude survey. Its purpose was to learn how employees felt about the hospital's policies and practices; about their jobs; about their working relationships with supervisors and others; and about "life at the Deaconess" in general.

Results were compiled in January, and early in February, department managers learned in full-day sessions how their own areas fared in the survey, and how to begin to communicate the results to employees. Department managers are now in the process of meeting with employees in their areas to discuss the survey results and what they mean for their own areas.

"In addition to the departmental results," says Richard Lee, executive vice president, "it's important to put the results into an overall, hospital-wide context. We want employees to know where their own departments stand, in terms of what they feel their strengths are and where the hospital needs to work on improving things in their areas. But we also want employees to have the big picture — how the overall results came out, and what the hospital can do about correcting deficiencies and bolstering strengths."

From the 69 questions asked on the survey, results were grouped into meaningful statistics in 15 categories:

- job satisfaction
- job mobility
- administration
- supervision
- communications
- personnel policies
- job security
- salary
- benefits
- physical work conditions
- peer work relationships
- job demands
- resource utilization
- participation
- evaluations

"In many of these categories," says Dean Manheimer, vice president for Human Resources, "employees said they are very satisfied with work life at the Deaconess. In general, Deaconess people are proud to work here; they believe we are committed to providing quality care for patients; they feel secure in their jobs; they like working with their peers; they feel there is room to grow within the institution; they feel our personnel policies are appropriate. In short, there are a lot of positive feelings out there.

"But we also know that we have a lot of work to do in some categories or parts of categories. Eight of these have been targeted as especially important for us to focus on now, before the next survey period," says Manheimer. (The hospital will repeat the survey in 18 to 24 months, to assess the progress that has been made in areas that have been identified as needing improvement.) The eight issues that will be addressed first are: benefits, physical work conditions, participation, salary, job demands, resource utilization, evaluations, and job satisfaction.

The next several issues of *Pulse* will contain in-depth information on each of these categories and will include not only a brief summary of how employees felt about the issue from the survey results, but also what actions the hospital can take to help resolve them. "We know that we cannot work miracles overnight," says Manheimer, "but the survey has been an incredibly valuable tool to help us pinpoint specific areas we need to work on. We've gotten clear messages about many issues, and we are committed to working on ways to resolve them."

"It was very important for us to get employees' reactions," says Lee, "so that we could structure programs and policies that meet the needs of Deaconess people. And we are deeply committed to making positive changes based on the survey results."

Watch each issue of *Pulse* for more information on results and plans for resolving the issues raised. Those with immediate questions about the survey may use the form on the opposite page for a quick reply.

Annual meeting examines AIDS programs, hospital plans

"I think we should be proud that the Deaconess is giving what is recognized — not only in Massachusetts but throughout the United States and Europe — as some of the best care possible for people with AIDS," said Jerome Groopman, M.D., chief of hematology/oncology, to the annual meeting of NEDH Corp. Groopman was the featured speaker for the January meeting at the Museum of Fine Arts, where he discussed current knowledge about AIDS and the Deaconess's role in treatment of and research into the fatal illness.

Groopman began by outlining the biology of HIV (human immunodeficiency virus, the cause of AIDS) and how the virus infects the human body, impairing the immune system and leaving people susceptible to overwhelming infections and a variety of cancers. He reviewed the current spread of the disease — nearly 30,000 cases in the U.S. as of January 1987 — and looked at projections for the future.

"AIDS is really a major public health problem, which is spreading outside what we have called the high risk groups — homosexual men, intravenous drug abusers, blood recipients, and hemophiliacs. It is a matter of concern and importance to the entire population."

Groopman discussed legal and ethical issues, including who should be tested for exposure to the virus and how to balance a need to identify those who are infected with patient confidentiality, as well as the financial impact of AIDS on the health care system.

"The average cost of caring for an AIDS patient in the U.S. has been estimated at about $150,000," he said. "About two months ago a joint study between the Massachusetts Public Health Department and the Deaconess was published in the *Journal of the American Medical Association*, which showed that our costs were only about $50,000 per patient.

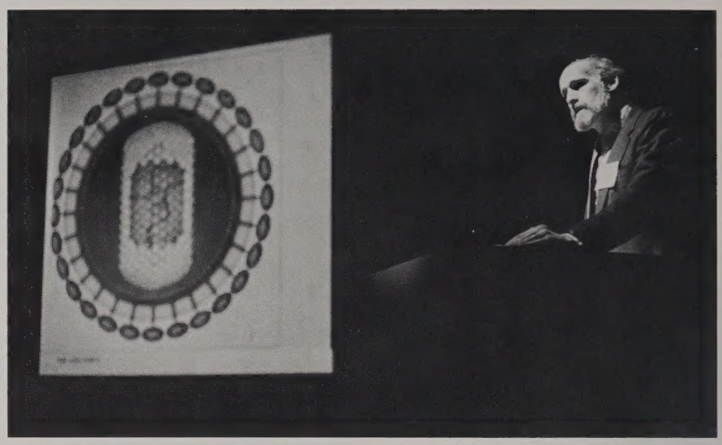
"I think we've been able to accomplish this because we have a high level of expertise in making rapid diagnoses, we have a good home health care service whereby patients can be treated as outpatients, and most of our patients choose not to have heroic measures and go through intensive care units," said Groopman.

In addressing the hospital's contributions to AIDS research, Groopman described a collaborative project with Genentech, which has developed a prototype vaccine; studies into why particular cancers develop in people with AIDS; and treatment trials of substances that stimulate the production of white blood cells.

"I'm the featured speaker tonight," he said, "but I think it's very important to point out that there are many individuals in many departments at the Deaconess who are active in patient care and in research into AIDS. I think this problem — which confronts the United States and the world — has been dealt with in a leadership fashion by our hospital and by the clinicians and researchers on our staff."

After Groopman's talk, those attending the meeting had an opportunity to view "The Pleasure of Knowing Michael," a videotape about AIDS treatment at the Deaconess, produced by Media Services and Public Relations. The program highlighted a variety of employees — physicians and nurses, technologists and researchers, social workers, secretaries, and building services staff — and their contributions to caring for people with AIDS.

In the business portion of the annual meeting, Paul Earle, senior vice president for Finance, reported the hospital's strong results for the 1986 fiscal year. He attributed the good year to several factors — significant increases in both inpatient and outpatient activity, as well as in the intensity of care; expansion of the affiliated physician groups; a strong performance by Deaconess Home Health Care; and tight control of expenses.



Jerome Groopman, M.D., chief of hematology/oncology, describes HIV, the virus that causes AIDS, to the NEDH Corp. annual meeting.

Earle said, "We look forward to continued bottom-line improvement in fiscal 1987, as we build the kind of financial strength we will need to cope with the major bed replacement and renovation project we are planning."

Laurens MacLure, president, discussed the plan for the new hospital facility in greater detail (see story page 1), and also recognized the awarding of full Harvard Medical School appointing status to the Department of Medicine as a major accomplishment of the preceding year.

Also at the meeting, special presentations were made to retiring trustee and former chairman of the board Marvin Schorr and outgoing president of the Friends of the Deaconess Jane Tilley. Helen Hamawy, current president of the Friends, presented a check for more than $86,000 to be used for renovation of the Ambulatory Services area. Corporator Foster Aborn was elected to the Board of Directors and new corporation members Polly Blakeley, Karen Firestone, James Oates, and Sidney Towle Jr. were elected.

Have a question about the employee attitude survey?

To help us provide information that is most useful for you about the attitude survey, we'd like to know what you'd like to know. If you have a question about the survey, jot it down on the form below, and send it to Dean Manheimer, Human Resources, Harris Hall Ground. All questions will be answered by return mail within two weeks of receipt and the most universal questions (with responses) will be printed in *Pulse*. Be sure to include your name, department, and location so we can respond to you (even if we cannot print your question in *Pulse*).

Here's my question about the employee attitude survey:

_____

_____

_____

_____

_____

Name _____ Department _____

Location _____ Date _____

Thanks for asking. In answer to your question:

_____

_____

_____

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_____

Respondent's Name _____ Date _____

Guest Quarters bring added convenience for patients

The need to increase efficiency of patient care has led the Deaconess and other hospitals to reduce the amount of unnecessary time patients spend in the hospital. Tests and surgical operations that previously required a hospital admission now are done on an outpatient basis. Patients are often admitted on the day of their procedure, rather than several days in advance.

Less time in the hospital is an advantage for most patients, but those coming to the Deaconess from a distance and those scheduled for early morning testing or admission may prefer to arrive in Boston the preceding day. To accommodate their needs, the hospital instituted Guest Quarters last fall, a program providing convenient, inexpensive, short-term accommodations for appropriate patients.

Guest Quarters are available to patients who are scheduled for diagnostic testing or minor day surgery and are well enough that they do not require nursing care. Those who wish to stay nearby the night before an early-morning admission, or those who are being discharged but need a follow-up test or visit with their physician also are eligible. Patients staying overnight after an outpatient surgical procedure must be accompanied by a friend or relative. The cost is $40 for the patient and $10 for a companion.

Eight rooms in Kennedy Hall have been converted to Guest Quarters accommodations. The rooms are equipped with twin beds — for the patient and a companion — a television and telephone. A lounge area and shared bathroom facilities are nearby. Guest Quarters patrons also receive one meal at the hospital cafeteria or the Cafe 90 coffee shop and parking in the Pilgrim Road garage as part of the package.

Reservations for Guest Quarters must be made through a patient's admitting physician and are available on the first-come, first-served basis. The program is handled by preadmission coordinator Jane Erskine, R.N.

Noreen Hurley, assistant manager of Admitting, says, "We are currently developing several programs that focus on reducing lengths of stay by admitting patients early on the day of their procedure. Patients having routine cardiac catheterizations, angiograms, and similar procedures can be evaluated as outpatients, stay overnight in Guest Quarters, and then be admitted the next morning."

Charles Puckette of Scotia, New York, stayed in Guest Quarters when he underwent an outpatient diagnostic procedure in February. He has been a frequent Deaconess patient for treatment of a chronic inflammation of his common bile duct and related liver problems. Since his condition is associated with an increased risk of colon cancer, Puckette has regular colonoscopies, which examine the large intestine for cancerous or precancerous growths.

"The last time I came as an outpatient," he says, "I had to search around for a motel room myself. Rooms in downtown Boston are pretty expensive, so I stayed out around Route 128. I had to drive in, find a place to park; it was a real hassle."

For this visit, Puckette reserved a Guest Quarters room through his physician, Charles Trey, M.D., chief of gastroenterology. He checked into his room on a Sunday evening, and had the colonoscopy on Monday morning. He also stayed over Monday night for a follow-up appointment with Trey on Tuesday.

Puckette says of his Guest Quarters stay, "Everyone with the program was pleasant and helpful, and I found it very convenient to be able to just leave my car in the garage and walk to my room, the hospital, and the doctor's office. This service fills a real need for outpatients who come from a distance to have medical problems treated by Deaconess physicians."

"This service fills a real need for outpatients who come from a distance." — patient Charles Puckette

Niewenhous, Owens named department heads

Two Deaconess employees were recently promoted to department heads. August S. Niewenhous, Esq., CPP, HSP, has been named manager of Safety and Security, and Cathy Owens, P.T., has been named director of Rehabilitation Services.

Niewenhous came to the Deaconess in 1984 as assistant director of Safety and Security. He now oversees the services provided to the hospital by Longwood Security, Inc., working with their supervisors and 25 officers. (Longwood Security's services to the hospital were covered in the January/February issue of *Pulse*).

"We are looking forward to improving our electronic controlling and monitoring systems, bringing them up to state of the art in efficiency and cost effectiveness," he says. "That will free up our staff to concentrate on the personal, service-oriented aspects of the job. I also hope to increase our safety activities, looking into ways to decrease any risks to employees."

Prior to joining the Deaconess, Niewenhous headed safety and security at Sancta Maria Hospital in Cambridge. He holds a bachelor's degree from Merrimack College and is a graduate of the New England School of Law. In addition, he is chairman of the Longwood Medical Area Committee on Security, program chairman of the 800-member Boston chapter of the American Society for Industrial Security, and vice chairman of the Harvard Medical School Committee on Hospital Safety.

Owens first came to the Deaconess in 1981 as part of a physical therapy group operated by the Lahey Clinic, and was one of several physical therapists who established the Deaconess Physical Therapy Department in 1982. Renamed Rehabilitation Services in 1986, today the department includes 13 physical therapists and two occupational therapists, and offers speech therapy services through a contract with Brigham and Women's Hospital.

"One of our specialties is services for patients with diabetes," Owens says. "Last year we sponsored a continuing education program on rehabilitation services for diabetics, which was very well received. We've become a resource on diabetes for other hospitals in the region and recently began a research study of the flexibility of diabetic patients and the benefits of exercise for them."

Rehabilitation Services also is involved with programs for cardiac and amputee patients, liver and renal transplant recipients, and general medical/surgical patients. Outpatient services are expanding with the installation of new equipment, and a substantial effort goes into education in back care.

In December 1985, Rehabilitation Services began providing physical and occupational therapy to patients at Dana-Farber Cancer Institute. "We're pleased to be able to share informational resources to treat oncology patients at both Dana-Farber and the Deaconess," says Owens.

Owens holds a bachelor's degree in physical therapy from the University of Vermont and is working on a master's in health care administration at Simmons College. She is a member of the American Physical Therapy Association.

August S. Niewenhous

Cathy Owens, P.T.

news in brief

Penny Allen, M.S., R.D., clinical dietitian, has been appointed coeditor of the Massachusetts Dietetic Association Bulletin.

Richard J. Baptista, M.S., R.Ph., general manager, Deaconess Home Health Care, published an article on cimetidine and parenteral nutrition for ICU patients in *Clinical Therapeutics* and an article analyzing the costs of total parenteral nutrition in *Nutritional Support Services.*

Kerry L. Bloomingdale, M.D., psychiatrist, has become an active staff member in the Department of Medicine. He will work with the Deaconess Medicine psychiatry group, on Palmer 2, and will oversee the electroconvulsive therapy program. His research interests include the biochemical components of depression.

J. Jacques Carter, M.D., internist, has opened Bay Colony Medical Associates, a new practice offering primary care and walk-in medical services in Brookline Village.

C. Norman Coleman, M.D., director, Joint Center for Radiation Therapy (JCRT), and **Stuart Calderwood, Ph.D.,** JCRT research fellow, recently received grants from the National Institutes of Health. Coleman's grant is for continuation of studies into chemical agents that increase the sensitivity of tumor cells to radiation. Calderwood's grant will support research into the role of calcium in the response of cells to hyperthermia, cancer treatment involving the application of heat.

Patricia Conway, R.N., transplant clinician, participated in a workshop on developing patient support manuals sponsored by Sandoz, Inc.

Regis DeSilva, M.D., cardiologist, gave the opening lecture at a conference on brain and heart relationships at the University of Connecticut Health Sciences Center.

Anne DeStefano, R.N., head nurse, ICUB; **Theresa Foley, R.N.,** unit teacher, Farr 7; **Frances Hoothay, R.N.,** staff nurse, hemodialysis; and **Donna Quinn, R.N.,** ostomy clinician, were coauthors of an article, "How painful are postop incisions?" published in the *American Journal of Nursing.*

David Driscoll, M.S., R.Ph., pharmacist, presented medical grand rounds on parenteral nutrition in the ICU at Dartmouth-Hitchcock Medical Center in Hanover, New Hampshire. Driscoll and Richard J. Baptista, M.S., R.Ph., general manager, Deaconess Home Health Care, presented a poster on infusion phlebitis at the midyear clinical meeting of the American Society of Hospital Pharmacists.

F. Henry Ellis Jr., M.D., Ph.D., chief of cardiothoracic surgery, was visiting professor at New York University School of Medicine, where he presented a paper on surgery for esophageal motility disorders. He also delivered the presidential address to the Boston Surgical Society on the impact of surgical research on clinical practice.

Herbert Gramm, M.D., radiologist, spoke on prebiopsy mammographic localization of nonpalpable breast lesions at the Congress of the Interamerican College of Radiology in Buenos Aires.

Benjamin Gerson, M.D., director of clinical chemistry, was named section editor for the therapeutic drug monitoring and toxicology check sample series, published by the American Society of Clinical Pathologists.

Robert Kane, M.D., radiologist, spoke on new approaches to diagnosing and treating liver tumors using ultrasound at Mass. General Hospital.

Charles W. Kessler, M.Div., chaplain, gave papers on AIDS and pastoral care and the medical ethics, cost, and research aspects of AIDS at the World Council of Churches consultation on AIDS. He was one of 18 participants from around the world who gathered to compose the World Council's statement on AIDS.

Susan Levine, M.S., R.D., education coordinator, Dietetics, copresented a poster session on the use of low-protein diets for diabetic kidney disease at the annual scientific meeting of the Massachusetts affiliate of the American Diabetes Association. Other copresenters included **John D'Elia, M.D.,** nephrologist, and **Bruce Bistrian, M.D.,** internist.

Francis P. Mitrano, M.S., R.Ph., director of operations, Deaconess Home Health Care, presented a poster on home iron-chelation therapy and participated in an experts roundtable discussion at the midyear clinical meeting of the American Society of Hospital Pharmacists.

John J. Mooney, M.D., psychiatrist, has joined the Department of Medicine. He also is a member of the clinical staff and the neuropsychopharmacology lab at Mass. Mental Health Center, and previously did research in viral diseases and immunology at Yale and Walter Reed.

Arturo R. Rolla, M.D., endocrinologist, was guest speaker at the Pan American Endocrine Congress in Havana, Cuba.

Paul R. Satwicz, M.D., has joined the Department of Anaesthesia. Most recently on staff at Salem Hospital, he previously directed the cardiac anesthesia program at Beth Israel, where he had his residency training.

Albert L. Sheffer, M.D., chief of allergy, directed the asthma mortality task force of the American Academy of Allergy and Immunology, convened to discuss factors contributing to asthma mortality and its reduction.

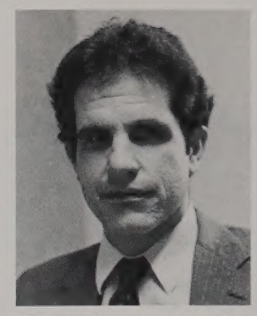
Joyce Reardon, R.N., chairman of the first level, School of Nursing (SON), was certified in psychiatric/mental health nursing by the American Nurses Association.

C. Burns Roehrig, M.D., internist, represented the Deaconess at the assembly meeting of the hospital medical staff section of the American Medical Association. Roehrig also was named editor of *The Internist: Health Policy in Practice,* published by the American Society of Internal Medicine.

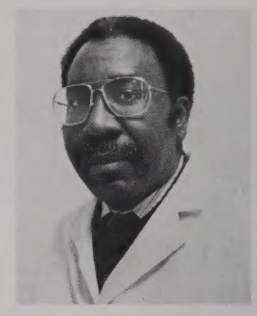
Donna Sullivan, R.N., SON instructor and a major in the Army Reserve, received the Army Commendation Medal, the highest award for noncombat duty, for conducting a training school for Army medics.

Robert Savage, M.D., plastic surgeon, and **Steven Haas, M.D.,** former surgical resident, presented a paper on internal fixation options for the treatment of specialized hand fractures at the annual meeting of the Southern New England Hand Society.

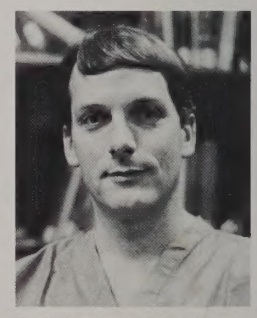
Leo L. Stolbach, M.D., hematologist/oncologist, has joined the Department of Medicine where he will be affiliated with a new section on behavioral medicine.



Kerry L. Bloomingdale, M.D.



J. Jacques Carter, M.D.



Paul R. Satwicz, M.D.

Medical Records improves services (see page 2)

Cathleen Gibbs, discharge analysis clerk (left), and Melissa Miller, correspondence secretary, copy discharge records. A new outside copying service will help Medical Records employees fill information requests more quickly.

pulse

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Editor: Susan McGreevey
Contributors: Mary Ann Mulligan
Janet Resnik

New England Deaconess Hospital
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